



FOR OFFICIAL USE ONLY

3. This Statement covers From: 7/21/08 to 8/25/08

1. Committee I.D. Number 150510		4. Candidate Last Name RIVARD		First Name Michael		M.I. G.	
2. Committee Name The Committee to Elect Mike Rivard for Roads		4a. Office Sought Including District # or Community Served (If applicable) Bay County Road Commission					
5. Committee's Mailing Address 840 N. Garfield Rd Linwood, MI 48634		4b. County of Residence Bay					
6. Treasurer's Name & Residential Address Mike Rivard 840 N. Garfield Rd Linwood, MI 48634		Area Code and Phone 989-879-5685					
7. Treasurer's Business Address 840 N. Garfield Rd Linwood, MI 48634		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)					
Area Code and Phone 989-879-5685		Area Code and Phone 989-879-5685					
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus Date of Election, Convention or Caucus August 5, 2008		9c. <input type="checkbox"/> Annual Statement (_____ Coverage Year) 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution _____ By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.		SEP 4 10 34 AM '08 CLERK OF COURT JUDICIAL BRANCH COURT HOUSE 200 N. GARET ST. LANSING, MI 48201			
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.							
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.							
Current Treasurer or Designated Record keeper Mike Rivard Type or Print Name		Mike Rivard Signature		Date 9/3/08			
Candidate Michael Rivard Type or Print Name		Michael Rivard Signature		Date 9/3/08			



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
CANDIDATE COMMITTEE**

1. Committee I.D. Number

150 510

2. Committee Name

The Committee to Elect Mike Rivard
for Roads

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>80.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>80.00</u>	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>—</u>	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>80.00</u>	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>—</u>	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>—</u>	(22.) \$
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>562.26</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>—</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>—</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>562.26</u>	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>—</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>—</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>—</u>	(24.) \$
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>3000.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>—</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>859.11</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>80.00</u>	
	(15.) = \$	<u>939.11</u>	
15. SUBTOTAL Add lines 13 and 14			
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>562.26</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>376.85</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150510
2. Committee Name The Committee to Elect Mike Rivard
Per Roads

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/25/08</u> Name & Address: <u>Matthew Lance</u> <u>306 N. Johnson</u> <u>Bay City MI 48708</u>		\$ <u>20.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8/22/08</u> Name & Address: <u>John Shankool</u> <u>Ashley Shankool</u> <u>1438 Wallinda Drive</u> <u>Essexville, MI 48732</u>		\$ <u>50.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8/24/08</u> Name & Address: <u>Lola Walraven</u> <u>263 Donahue Beach</u> <u>Bay City, MI 48706</u>		\$ <u>10.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

80.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

80.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee J. D. Number 150510
The Committee to Elect Mike Rivard
2. Committee Name for Roads

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Art by Carney -</u> <u>Bill Carney Signs</u> Address <u>3480 Kiesel Rd</u> <u>Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Magnetic Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/28/08</u> Date	<u>\$53.00</u>
Expenditure #2 Name <u>Sams Club</u> <u>6663 Bay Rd</u> Address <u>Saginaw, MI 48602</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Candy for Parade</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/15/08</u> Date	<u>\$49.84</u>
Expenditure #3 Name <u>John Shankool, Agent</u> <u>Jenny Street</u> Address <u>Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Replace Business Check from first reporting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/22/08</u> Date	<u>\$50.00</u>
Expenditure #4 Name <u>Lynn Rivard</u> <u>840 N. Garfield Rd</u> Address <u>Linwood, MI 48634</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Parade Candy + Printer Cartridges</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/22/08</u> Date	<u>\$107.00</u>
Expenditure #5 Name <u>Bay Co. Republican Party</u> Address <input type="checkbox"/> Fund Raiser	Purpose: <u>Republican Party Picnic</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/24/08</u> Date	<u>\$60.00</u>

Subtotal this page

319.84

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number

150510

The Committee to Elect Mike Rivard
for Roads

2. Committee Name

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Mike Rivard Address 840 N. Garfield Rd Linwood, MI 48634 <input type="checkbox"/> Fund Raiser	Purpose: Sign Materials <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	8/24/08 Date	\$ 70.68
Expenditure #2 Name Mike Rivard Address 840 N. Garfield Rd Linwood, MI 48634 <input type="checkbox"/> Fund Raiser	Purpose: Paint for signs <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	8/24/08 Date	\$ 46.47
Expenditure #3 Name Mike Rivard Address 840 N. Garfield Rd Linwood, MI 48634 <input type="checkbox"/> Fund Raiser	Purpose: Gasoline for Campaign travel <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	8/24/08 Date	\$ 121.57
Expenditure #4 Name Meijer Address E. Wilder Rd Bay City, MI 48706 <input type="checkbox"/> Fund Raiser	Purpose: Campaign Materials <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	8/25/08 Date	\$ 3.70
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page

242.42

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

562.26

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 150510
2. Committee Name The Committee to Elect Mike Rivard for Roads

This Schedule itemizes:

a. ☐ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>Mike Rivard</u> <u>840 N. Garfield Rd</u> <u>Linwood, MI 48634</u>	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>5/13/08</u> 6. <u>Original Amount of Debt:</u> <u>\$ 3000.00</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>3000.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

3000.00

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

3,000.00

Enter this total
on line 12a "owed
by" or line 12b
"owed to" of the
Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.